


**REQUEST FOR PERSONNEL ACTION**

(REFER TO INSTRUCTIONS ON REVERSE SIDE)

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)				3. DATE PREPARED	
4. NATURE OF PERSONNEL ACTION				5. CATEGORY OF EMPLOYMENT		
6. FUNDS 	<input type="checkbox"/>	V TO V	<input type="checkbox"/>	V TO CF	7. COST CENTER NUMBER CHARGEABLE	8. EFFECTIVE DATE REQUESTED
	<input type="checkbox"/>	CF TO V	<input type="checkbox"/>	CF TO CF		
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
14. CLASS SCHEDULE (GS, WB, ETC.)		15. OCCUP. SERIES		16. GRADE AND STEP		17. SALARY OR RATE
18. REMARKS						
19. SIGNATURE OF REQUESTING OFFICIAL				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		

**SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL**

21. NATURE OF ACTION CODE	22. DATE OF ACTION MO      DA      YR		23. CATEGORY OF EMPLOYMENT	24. ORGANIZATION CODE OFF.      DIV.		25. HDQTRS. CODE
	MO	DA		YR	MO	
26. LOCATION OF STATION CODE	27. DATE OF GRADE MO      DA      YR		28. DATE OF LEI MO      DA      YR	29. NTE EXPIRATION DATE MO      DA      YR		30. YEAR OF BIRTH
	MO	DA		YR	MO	
31. SEPARATION DATA	32. SPECIAL REFERENCE CODE (PRA, SO, ETC.)	33. INTEGREE DATA CODE	CORRECTION OR CANCELLATION DATA			
			34. TYPE OF ACTION		35. EFF. DATE/ACTION	
36. REMARKS						
37. POSITION CONTROL CERTIFICATION				38. APPROVAL FOR APPOINTING OFFICER		

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**EMPLOYEE NOTICE OF RESIGNATION**

I RESIGN FOR THE FOLLOWING REASON:

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (NUMBER, STREET, CITY, ZONE, STATE)

**INSTRUCTIONS**

ITEMS 1 THRU 19 - TO BE COMPLETED BY THE INITIATING OFFICE; EACH ITEM SHOULD BE FILLED IN. ITEMS 4 THRU 17 REQUIRE INFORMATION WHICH PERTAINS ONLY TO THE ACTION REQUESTED, AND NOT TO THE CURRENT STATUS OF THE PERSON CONCERNED UNLESS SPECIFIC ITEMS REMAIN UNCHANGED.

ITEM 5 - "CATEGORY OF EMPLOYMENT" WILL BE COMPLETED TO SHOW ONE OF THE FOLLOWING ENTRIES:

REGULAR	DETAIL OUT
PART TIME	DETAIL IN
TEMPORARY	W.A.E.
TEMPORARY - PART TIME	CONSULTANT
SUMMER	

ITEM 9 - "ORGANIZATIONAL DESIGNATIONS" WILL BE FILLED IN TO SHOW ALL LEVELS OF ORGANIZATION PERTINENT TO IDENTIFYING THE ORGANIZATIONAL LOCATION OF THE POSITION, SHOWING:

MAJOR COMPONENT (DIRECTOR, DEPUTY DIRECTOR, ETC.)  
OFFICE, MAJOR STAFF, ETC.  
DIVISION OR STAFF OF COMPONENT NOTED ON LINE 2 ABOVE  
BRANCH  
SECTION  
UNIT

ITEM 11 - "POSITION TITLE" SHOULD REFLECT THE STANDARD ABBREVIATED TITLE GIVEN IN THE POSITION CONTROL REGISTER.

ITEM 20 - SIGNATURE SHOULD BE THAT OF OFFICIAL AUTHORIZED TO INDICATE APPROVAL FOR THE CAREER SERVICE TO WHICH THE EMPLOYEE BELONGS.

ROUTING - ONE COPY ONLY OF THIS FORM WILL BE FORWARDED BY THE INITIATING OFFICE TO THE OFFICE OF PERSONNEL THROUGH THE APPROPRIATE CAREER SERVICE OFFICIAL.

(11/16/59)